

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes ☐ and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1. CS ID No.

(Do not fill up. For CSC use only.)

I. PERSONAL INFORMATION

2. SURNAME	ROSIANA		
FIRST NAME	RIALYN	NAME EXTENSION (JR, SR) N/A	
MIDDLE NAME	LABARTINE		
3. DATE OF BIRTH (mm/dd/yyyy)	02/25/2000	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: ▼
4. PLACE OF BIRTH	KANANGA, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	N/A N/A House/Block/Lot No. Street N/A LIM-AO Subdivision/Village Barangay KANANGA LEYTE City/Municipality Province
7. HEIGHT (m)	1.49	ZIP CODE	
8. WEIGHT (kg)	45		
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A LIM-AO Subdivision/Village Barangay KANANGA LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6531
11. PAG-IBIG ID NO.	121344693626		
12. PHILHEALTH NO.	132029005285		
13. SSS NO.	06-4882016-3	19. TELEPHONE NO.	N/A
14. TIN NO.	650-653-845-00000	20. MOBILE NO.	0920-359-2277
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	rialynrosiana@gmail.com

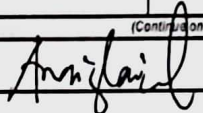
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR, SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	RUSIANA			
FIRST NAME	RONICO	NAME EXTENSION (JR, SR) N/A		
MIDDLE NAME	RAMOS			
25. MOTHER'S MAIDEN NAME				
SURNAME	LABARTINE			
FIRST NAME	ROSALINDA			
MIDDLE NAME	ARELLANO		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	LIM-AO ELEMENTARY SCHOOL	ELEMENTARY EDUCATION	2006	2012	N/A	2012	VALEDICTORIAN
SECONDARY	KANANGA NATIONAL HIGH SCHOOL	SENIOR HIGH SCHOOL	2016	2018	N/A	2018	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN ENGLISH	2018	2023	N/A	2023	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	FEBRUARY 18, 2025
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE	<i>Frank East</i>	DATE	FEBRUARY 18, 2025
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CS FORM 212 (Revised 2017), Page 2 of 4

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L & D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

III. OTHER INFORMATION

VIII. OTHER INFORMATION		
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
FORMULATING LESSON PLAN	N/A	N/A
EXCELLENT VERBAL AND WRITTEN COMMUNICATION SKILLS IN ENGLISH		
INTEGRATING TECHNOLOGY IN CREATING EFFECTIVE IM'S		
PROFICIENT IN MICROSOFT OFFICE PROGRAMS		
PROFICIENT IN GOOGLE WORKSPACE APPLICATIONS		

(Continue in separate sheet if necessary)

SIGNATURE	<i>Franklin</i>	DATE	FEBRUARY 18, 2025
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CS FORM 212 (Revised 2017), Page 3 of 3



<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>JESSA PATRICIA B. SOBREVILLA</td> <td>BAYBAY CITY, LEYTE</td> <td>N/A</td> </tr> <tr> <td>GENEVIVE H. MONTESCLAROS</td> <td>CEBU CITY</td> <td>N/A</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	JESSA PATRICIA B. SOBREVILLA	BAYBAY CITY, LEYTE	N/A	GENEVIVE H. MONTESCLAROS	CEBU CITY	N/A			
NAME	ADDRESS	TEL. NO.											
JESSA PATRICIA B. SOBREVILLA	BAYBAY CITY, LEYTE	N/A											
GENEVIVE H. MONTESCLAROS	CEBU CITY	N/A											
<p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</p>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: PHILSYS</p> <p>ID/License/Passport No.: 8415-3149-6826-9764</p> <p>Date/Place of Issuance: JUNE 21, 2021 / KANANGA, LEYTE</p>	<p><i>Arailail</i></p> <p>Signature (Sign inside the box)</p> <p>FEBRUARY 18, 2025</p> <p>Date Accomplished</p>												
<p>PHOTO</p> <p>ROSIANA, RIALYN L.</p> <p>Right Thumbmark</p>													
<p>SUBSCRIBED AND SWORN to before me this 19 FEB 2025 at 19 FEB 2025 alicant exhibiting his/her validly issued government ID as indicated above.</p> <p>DOC. NO. 397</p> <p>PAGE NO. 81</p> <p>BOOK NO. 5</p> <p>SERIES OF 2025</p> <p>ATTY. ALLAN R. CASTRO</p> <p>NOTARY PUBLIC</p> <p>Real St., Poblacion, Kananga, Leyte</p> <p>ATTORNEY'S ROLL NO. 56468</p> <p>N.C No. ORM-14-12-044-NC;</p> <p>Valid until Dec 31, 2026</p> <p>PTK No. 00000000000000000000</p> <p>IRP No. 00000000000000000000</p> <p>TIN : 166-552-523</p>													